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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average burden					
hours per response 16.00					

SEC USE ONLY				
Prefix	Serial			
DATE	RECEIVED			
1	1			

190 UNIFORM LIMITED OFFERING EXEMI	PTION		
Name of Offering (check if this is an amendment and name has charged, and indicate change.)			
Fullerton Business Center PG			
Filing Under (Check box(es) that apply):	ULOE		
Type of Filing:			
A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the issuer			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07073374		
Fullerton Business Center PG, LLC	01010014		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
8775 Folsom Boulevard, Suite 200, Sacramento, CA 95826	(916) 381-1561		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)		
	(847) 292-4519		
Brief Description of Business			
Purchase, finance, development, management and sale of commercial/industrial real estate			
	DDOOFDOFF		
Type of Business Organization	PROCESSED		
☐ corporation ☐ limited partnership, already formed ✓ other (p	lease specify):		
business trust limited partnership, to be formed limited liability	ty company JUL 3 1 2017		
Actual or Estimated Date of Incorporation or Organization: O 4 O 6 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated THOIVISUN B		
CENEDAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
 Each promoter of the issuer, if the issuer has been organized within the past five years; 								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.								
 Each executive officer and director of corporate issuers and of corporate general and managing partners of 	partnership issuers; and							
Each general and managing partner of partnership issuers.								
The state of the s	General and/or							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	Managing Partner							
Full Name (Last name first, if individual) JP Portfolio, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code) 6250 N. River Road, Suite 4050, Rosemont, IL 60018								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessar	у)							

B. INFORMATION ABOUT OFFERING													
	1. We shall an does the issues intend to call to non accredited investors in this offering?							Yes	No ⊠				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							1	Œ				
2.								\$0.00) 				
3.	Does the	e offering	permit join	ownershi	n of a sine	le unit?						Yes	No ⊠
4.	Enter th	e informat	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or g	given, dire	ctly or indi	irectly, any	_	٥
	commis	sion or sim	ilar remune	ration for s	olicitation	of purchase	rs in conne	ction with	sales of sec	curities in tl	he offering.		
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful			first, if indi										
<u> </u>	innes or l	Dasidanca	Address (N	umber and	Street Ci	ty State 7	in Code)			<u>.</u>		-	
Bus	siness or	Residence	Address (N	umber and	i succi, Ci	ty, State, Z						±	
Nar	ne of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	s" or check	individual	States)	•••••		••••	*************			All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	IH]	[ID]
	MT	NE	IA NV	KS NH	KY NJ	NM	ME NY	MD NC	MA ND	MI OH	MN OK	OR OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (l	Last name	first, if ind	ividual)									
D		Davidanas	: Address (1	Jumbar an	d Street C	Stor Ctota 3	7in Coda)						
Bu	siness or	Residence	Adoress (I	number an	a Street, C	ity, state, a	zip Code)						
Nai	me of Ass	sociated B	roker or De	aler		·							
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)								l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA		[ID]
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	Full Name (Last name first, if individual)												
D	cinace or	Dacidance	Address ()	Number an	d Street C	Sty State	Zin Code)		 				
Du:	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)						∏ Al	l States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FĽ	GA	HI	[ID]
	IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK								MS OR	MO PA			
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchanal ready exchanged.	, check	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	_{\$} 0.00	s 0.00
	Equity		s 0.00
	□ Common □ Preferred		
	Convertible Securities (including warrants)	s 0.00	0.00 \$
	Partnership Interests		s 0.00
	Other (Specify Membership Interest)		\$ 0.00
	Totał	0.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	_ Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	ndicate of their	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	<u>3</u>	\$_0.00
	Non-accredited Investors	-	\$_0.00
	Total (for filings under Rule 504 only)	3	§ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all second by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C — Questi	to the	
	Type of Official	Type of Security	Dollar Amount Sold
	Type of Offering Rule 505		§ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$ 0.00
	Total		§ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the i The information may be given as subject to future contingencies. If the amount of an expend not known, furnish an estimate and check the box to the left of the estimate.	of the	<u>,</u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ <u>0.00</u>
	Legal Fees		\$_0.00
	Accounting Fees		\$ <u>0.00</u>
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ <u>0.00</u>
	Total		\$ 0.00

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
and total expenses furnished in response to Pa	ate offering price given in response to Part C — Question art C — Question 4.a. This difference is the "adjusted gro	oss	\$
each of the purposes shown. If the amoun	gross proceed to the issuer used or proposed to be used at for any purpose is not known, furnish an estimate a ctotal of the payments listed must equal the adjusted groce to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		🗂 \$	<u></u> \$
Purchase of real estate		🗀 \$	\$
Purchase, rental or leasing and installation and equipment	of machinery	□ \$	\$
	and facilities	_	
Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)		□ \$	□\$
			_
Working capital			
Other (specify): 100% of capital to be precapital contributions	ovided by the Members, as needed; no initial	_ 🗆 \$	
		\$_0.00	s_0.00
Column Totals		🗆 \$ 0.00	\$_0.00
Total Payments Listed (column totals adde	<u> </u>	00	
	D. FEDERAL SIGNATURE		
signature constitutes an undertaking by the issue	d by the undersigned duly authorized person. If this no er to furnish to the U.S. Securities and Exchange Common-accredited investor pursuant to paragraph (b)(2) of	nission, upon writte	
ssuer (Print or Type)	Signature	Date	
Fullerton Business Center PG, LLC	Matasha Zaheuer	7/26/	2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	·
latasha Zaharov	Attorney, Panattoni Law Firm		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)